

CERTIFICATE OF SECRETARY OF STATE BOARD
WHERE CURRENT LICENSE IS HELD

I, _____, Secretary of the _____

certify that _____ was granted License or

Certificate No. _____ to practice Medicine/Osteopathic Medicine in the State
of _____ on the _____ day of
_____, 20_____, based on
_____, said license expires on
(exam/reciprocity)

_____ and that said license/certificate has never
been revoked, suspended, or had other disciplinary measures taken against it and based on the
records of this office, recommend that a Certificate of Practice for temporary Medical practice
rights be issued by the Board of Medicine and Surgery of the State of Nebraska.

Our records show that he/she received the following diploma(s) from the medical school(s) listed
below:

Name of School	Location	Degree	Date of Issuance
_____	_____	_____	_____
_____	_____	_____	_____

(Date)_____
(Signature and Title)

(SEAL OF STATE BOARD)

The certification above (or your state's own certification form) must be returned directly to:

Health and Human Services System
Meegan Dyrland, Credentialing Specialist
301 Centennial Mall South
PO Box 94986
Lincoln, NE 68509-4986

402-471-2118